STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943120	R **10/17/2018**
NAME OF PROVIDER OR SUPPLIER **CROTON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2512 CROTON AVENUE** **SARASOTA, FL 34239**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced relicensure and emergency power plan monitoring revisit survey was completed on 10/17/18 at Croton Manor, an assisted living facility (license #8427) in Sarasota, Florida.

This is a follow-up to the survey completed on 8/6/18.

The previous deficiencies were found corrected and no new deficiencies were identified.